

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		#	IND.	DEP.	#	IND.	DEP.	#	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.									
1			/				51								
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49							99								
50							100								
TOTAL IND.	1		2		3		TOTAL IND.	4		5		6		7	
TOTAL DEP.	5		6		7		TOTAL DEP.	8		9		10		11	
TOTAL CLAIMS	1		2		3		TOTAL CLAIMS	4		5		6		7	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS